

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	23/03/2023 12:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/03/2023 07:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2829S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SECK MUN HO
NRIC No	SXXXX515F
Email Address	mhseck@gmail.com
Mobile Phone No	(Phone) +65-96506585
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0005592

DRIVER

Name of Driver	SECK MUN HO
NRIC No	SXXXX515F
Date Of Birth	28/11/1968
Occupation	Indoor

Date Of Driving Pass	22/02/1989
Driving experience	34 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96506585
Alt. Phone Number	-
Email Address	mhseck@gmail.com
Address	22 RAMBUTAN ROAD
Address complement	-
Postcode	1542
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230322/2037

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB5252K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SECK MUN HO
Gender	Female
Phone No	(Phone) +65-96506585
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMH2829S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

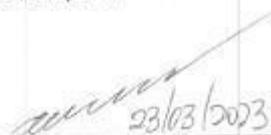
SKETCH PLAN

IMPORTANT NOTICE

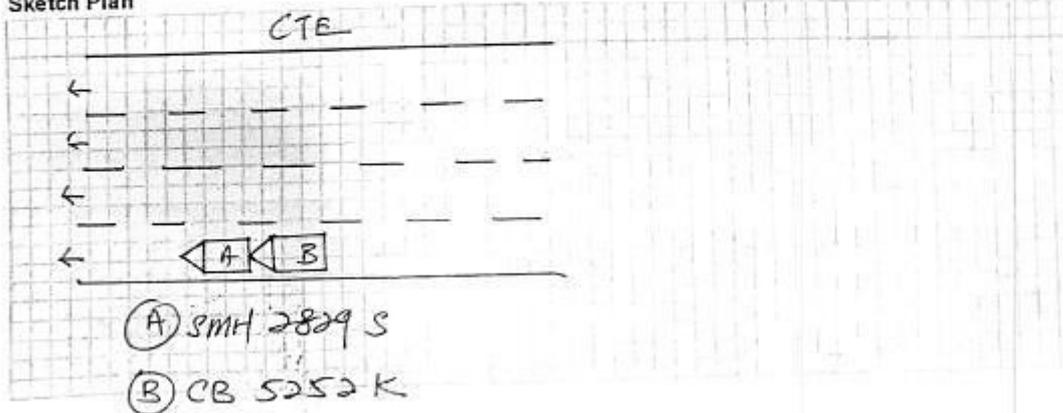
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repeal policy liability.**
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 (ii) investigating the accident and/or my claims;
 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


 Driver's Signature (If driver is not the policyholder) / Date & Time


 23/03/2023
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

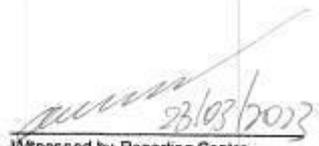
As police report: T/20230322/2027

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20230322/2037

Report No. T/20230322/2037

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2023 12:24	Video Report No.:	Station Diary No.: 10
Informant's Particulars		
Name of Informant: SECK MUN HO	Address: APT BLK 311 HOUGANG AVENUE 5 #03-187 SINGAPORE 530311	
ID Type / ID No.: NRIC NO / S6849515F	Contact No.:	Mobile: 96506585
Nationality: SINGAPORE CITIZEN	Email: mhseck@gmail.com	
Sex: Female	Age: 54	Date of Birth: 28/11/1968
Race: Chinese	Type of Informant: Driver	
Occupation: ADMIN MANAGER	Language:	
	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 22/03/2023 07.45	Type of Location: Straight Road	
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB5252K	Van	TOYOTA	REGIUS ACE DX 4DRS AUTO	Silver	Slightly Damaged	1
SMH2829S	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4699999



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Report No. T/20230322/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH2829S	INDIA INTERNATIONAL INSURANCE PTE LTD	D22MPC0005592	03/06/2022	02/06/2023

Brief Details.

On 22/03/2023 at about 0745hrs, I was driving on CTE expressway exiting towards Ang Mo Kio Avenue 1.

The car in front of mine had e-brake, which caused me to brake hard as well. I did not collide with the front vehicle, however, a van had collided with my rear instead. I then got down from my vehicle to speak to the van driver.

Van driver did not want to provide his particulars but told me to take picture of his van and plate number (CB5252K) instead. Afterwards, he told me to go off first as the driver had no injuries and did not need police assistance. Afterwards, I went back to my office first. I then left my car at Blk 348 Ang Mo Kio to be towed to the workshop.

I only got the driver's wife details (Name: Mdm Huang Hp: 84684139)

I then went to lodge a traffic accident report and will proceed to see the doctor.

I wish to state that I have an in-car camera that was recording at the time of the incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4598999



T/20230322/2037

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Report No: T/20230322/2037

CONTINUATION OF REPORT

EG:
T/2023

Signature of Officer Recording The Report: F / SGT 2 Muhamad Ezuandy Bin Nazli	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	

Signature Of Informant:	
Date/Time: 22/03/2023 12:24	
Classification Of Case:	

NP168